| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 |  |  |  |   |              |  |     |                                  | Application or Docket Number |           |  |                            |            |
|--|--|--|--|---|--------------|--|-----|----------------------------------|------------------------------|-----------|--|----------------------------|------------|
|  |  | CLAIMS A   | AS FILED -                                 |   |              | (Column 2)                             |     | SMALL ENT<br>TYPE                |                              | OR        | OTHER                                    | OTHER THAN<br>SMALL ENTITY |            |
| U.S.   | . NATIONAL S   | STAGE FEES   |  |   |              |  |     | RATE                             | FEE                          |           | RATE                                     | F                          | ÉE         |
| BAS  | IC FEE   |  | SMALL ENT.                                 | . = \$ 150  | LARG         | SE ENT. = \$ 300                       |     | BASIC FEE                        |                              | OR        | BASIC FEE                                | 30                         | מ          |
| EXA  | MINATION FE  | E  | (4) = \$50                                 | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100     |              | her situations = 100 / \$ 200          |     | EXAM. FEE EXAM. FI               |                              | EXAM. FEE | 20                                       |                            |            |
| SEARCH FEE   |  |  | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | untries =   | •            | All other situations = \$ 250 / \$ 500 |     | SEARCH FEE                       |                              |           | SEARCH FEE                               | 400                        |            |
| FEE  | FOR EXTRA S  | SPEC. PGS.   | minı                                       | minus 100 =   |              | / 50 =                                 |     | X \$ 125 =                       |                              |           | X \$ 250 =                               |                            |            |
| тот  | AL CHARGEAE  | 3LE CLAIMS   | 9 mir                                      | q minus 20 =  |              | *                                      |     | X \$ 25 =                        |                              | OR        | X \$ 50 =                                |                            |            |
| INDEPENDENT CLAIMS   |  |  | ) m  | minus 3 =   |              | *                                      |     | X \$ 100 =                       |                              | OR        | X \$ 200 =                               |                            |            |
| MUL  | TIPLE DEPENI   | DENT CLAIM PRE   | ESENT                                      |   |              |  |     | + \$ 180 =                       |                              | OR        | + \$ 360 =                               |                            | <i>T</i>   |
| * If   | the difference   | e in column 1 is l   | less than zero                             | , enter "C  | )" in co     | " in column 2                          |     | TOTAL                            |                              | OR        | TOTAL                                    |                            |            |
| ENT A  |  | CLAIMS AS AMEI (Column 1) CLAIMS REMAINING AFTER AMENDMENT |  | (Column 2<br>HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR |              | (Column 3) PRESENT EXTRA               |     | SMALL ENTITY OR  RATE TIONAL FEE |                              | OR        | OTHER THAN SMALL ENTITY ADD RATE TION FE |                            | DI-<br>NAL |
| AMENDMENT  | Total  | *  | Minus                                      | **  |              | =                                      |     | X \$ 25 =                        |                              | OR        | X \$ 50 =                                |                            |            |
|  | Independent  | *  | Minus                                      | us ***  |              | =                                      |     | X \$ 100 =                       |                              | OR        | X \$ 200 =                               |                            |            |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |  |   |              |  |     | + \$ 180 =                       |                              | OR        | + \$ 360 =                               |                            |            |
| ÷  |  |  |  |   |              |  |     | TOTAL ADDIT.<br>FEE              |                              | OR        | TOTAL ADDIT.<br>FEE                      |                            |            |
|  |  | (Column 1)   |  | (Colun  |              | (Column 3)                             | . , |                                  |                              |           |  |                            |            |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                  |  | HIGHI<br>NUME<br>PREVIO<br>PAID I                       | BER<br>DUSLY | PRESENT<br>EXTRA                       |     | RATE                             | ADDI-<br>TIONAL<br>FEE       |           | RATE                                     | AD<br>TIOI<br>FE           | NAL        |
|  | Total  | *  | Minus                                      | **  |              | Ė                                      |     | X \$ 25 =                        |                              | OR        | X \$ 50 =                                |                            |            |
|  | Independent  | *  | Minus                                      | ***   | ·            | =                                      |     | X \$ 100 =                       |                              | OR        | X \$ 200 =                               |                            |            |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT O   |  |  |   | LAIM         |  |     | + \$ 180 =                       |                              | OR        | + \$ 360 =                               |                            |            |
| TOTAL AI<br>FEE  |  |  |  |   |              |  |     |                                  |                              | OR        | TOTAL ADDIT.<br>FEE                      |                            | ١          |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". |  |  |   |              |  |     |                                  |                              |           |  |                            |            |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.